

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/972,756</i>	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.				
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	/		/				54						
5	/		/				55						
6	/		/				56						
7	/		/				57						
8	/		/				58						
9	/		/	0			59						
10	/		/				60						
11	/		/				61						
12	/						62						
13			/				63						
14			/				64						
15			2				65						
16			2				66						
17			2				67						
18			2				68						
19			2				69						
20			2				70						
21			2				71						
22			2				72						
23			2				73						
24			2				74						
25			2				75						
26			2				76						
27			2				77						
28			2				78						
29			2				79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4				TOTAL IND.						
TOTAL DEP.	3		36				TOTAL DEP.						
TOTAL CLAIMS	12		40				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS